





## BOROUGH OF DEVIZES



# Annual Report of the Medical Officer of Health for the Year 1956

Public Health Department,  
The Chequers,  
DEVIZES,  
Wiltshire.

To the Worshipful the Mayor, Aldermen and Councillors of  
The Borough of Devizes.

**Mr. Mayor, Ladies and Gentlemen,**

I have the honour to present my Annual Report on the state of the Public Health of the Borough during the year 1956.

I wish to record my appreciation of the help and cordial co-operation received from the Council's Officers, particularly the Public Health Inspector, during this year: such co-operation being the more welcome because I was a newcomer uninitiated in the ways of County District Council procedure. I also wish to thank the Mayor, the Committee Chairmen, and Councillors who, knowing this latter fact, have at all times been ready to listen to, and to debate upon, my ideas and advice.

I have the honour to be,

Your obedient servant,

KENNETH J. ADAMS,

Medical Officer of Health.

**Medical Officer of Health :**

K. J. ADAMS, M.R.C.S., L.R.C.P., D.P.H. (Univ. Lond.),  
(Appointed February, 1956).

**Public Health Inspector :**

K. WILDEY, M.S.I.A., C.S.I.B., C.G.L.I. (San. Eng.), Royal Sanitary Institute Certificates for Meat and Other Foods Inspection, and for Sanitary Science as applied to Buildings and Public Works.

**Rodent Operator :**

F. W. BARRETT (Part-time, being shared with Devizes Rural District Council).

**Health Office Clerk :**

MISS B. P. COX.

## GENERAL STATISTICS

Area in Acres	.....	.....	.....	.....	1,419.87
Population (Registrar General's Estimate)	.....	.....	.....	.....	8,160
Number of inhabited houses	.....	.....	.....	.....	3,079
Rateable Value	.....	.....	.....	.....	£101,687
Product of 1d. Rate	.....	.....	.....	.....	£431 : 3 : 0d.

## VITAL STATISTICS

### Births and Infantile Deaths

	Legitimate		Illegitimate		
	Male	Female	Male	Female	Total
Live Births .....	67	65	5	4	141
Still Births .....	2	—	—	—	2
Deaths under 1 year .....	1	—	—	—	1
Deaths under 4 weeks .....	1	—	—	—	1

### Birth and Death Rates Compared with other Areas (Births and Deaths per 1,000 population)

	Birth Rate	Death Rate
England and Wales .....	15.7	11.7
Wiltshire .....	17.41	9.77
Devizes Borough .....	17.97	9.94

In calculating Birth and Death Rates, area comparability factors are issued by the Registrar General to "correct" irregularities in the age and sex structure of the population, and also to take into account any high mortality due to the presence of residential institutions.

There was one death among infants under one year of age to 141 live births in the area. This is too small a figure to calculate an accurate infantile mortality rate but it compares very favourably with the national rate of 23.8 deaths in infants under one year of age per thousand live births, and the Wiltshire rate of 18.5.

Causes of Death	Male	Female	Total
Tuberculosis of the respiratory system	—	—	—
Other forms of Tuberculosis .....	—	—	—
Syphilitic Diseases .....	—	—	—
Cancer and other malignant neoplasms	12	15	27
Diabetes .....	—	—	—
Heart Diseases .....	40	48	88
Other Circulatory Diseases .....	1	3	4
Influenza .....	—	1	1
Pneumonia .....	4	8	12
Bronchitis .....	3	4	7
Other diseases of respiratory system	—	—	—
Gastritis, Enteritis and Diarrhoea .....	—	—	—
Ulcer of Stomach and Duodenum .....	1	1	2
Nephritis and Nephrosis .....	—	1	1
Hyperplasia of Prostate .....	—	—	—
Pregnancy, Childbirth, Abortion .....	—	—	—

Congenital Malformations .....	—	—	—
Other defined and ill-defined diseases	4	12	16
Motor vehicle accidents .....	1	—	1
All other accidents .....	—	—	—
Suicide .....	—	—	—
Homicide and operations of war .....	—	—	—
Grand Total .....	66	93	159

### COMMUNICABLE DISEASES

There were no deaths from communicable diseases during the year. Cases notified were as follows:—

Scarlet Fever .....	6
Whooping Cough .....	1
Dysentery .....	54
Tuberculosis .....	4

### Diphtheria

There were no cases during the year. This is a direct result of immunisation against the disease. Diphtheria is still with us. For example, in 1955 16 cases (with two deaths) were notified in the County of London alone.

Immunisation was first pressed by the Ministry of Health in 1940 when an approved immunising agent was provided to Local Authorities free of cost. The situation has now been reached when the present generation of young mothers cannot picture the disease, and indeed many young doctors who have been taught upon cases in the fever hospitals as students, are unfamiliar with its signs because they have never seen a case in recent years. How much more important it is to-day not to relax vigilance because of this. When cases occur it is quite possible for immunised contacts to carry Diphtheria bacilli in their throats with impunity to themselves but ready to infect the next unimmunised child.

### IMMUNISATION DURING 1956

Age Group		Under 1	1	2	3	4	5—9	10—14	Total Under 15
Primary immunisation completed during 1956	Diphtheria	90	37	—	6	—	8	—	141
	Whooping Cough	78	34	—	1	—	4	—	117
Reinforcement injections given during 1956	Diphtheria	—	—	—	5	—	77	20	102
	Whooping Cough	—	—	—	—	—	13	—	13
Total immunised child population at 31st December, 1956	Pre 1-1-52	—	—	—	—	—	178	321	499
	Post 1-1-52	24	108	96	105	88	497	250	1168

## Smallpox

### SMALLPOX VACCINATION DURING 1956

Age Group	Under 1	1	2—4	5—14	15 or over
Vaccinations .....	89	8	4	2	5
Re-vaccinations .....	—	—	2	7	42

### Bacillary Dysentery

Two outbreaks of this disease occurred during the year. The first, an epidemic of Sonne Dysentery, occurred mostly among the pupils of Southbroom Junior School during the summer term; the second occurred in the late autumn among the patients of "Old Park," the annexe of Roundway Mental Hospital.

The Southbroom outbreak was part of a nation-wide epidemic of Sonne Dysentery, the number of notifications in England and Wales breaking all records for previous years. That the disease did not spread to other schools in the Borough is due to the public-spirited action of mothers who, knowing their children to be carriers, kept them at home for long periods, sometimes with great hardship to the child.

It has been proved conclusively that the disease is transferred by contact, and that the stools of cases are likely to be infectious for a matter of weeks after symptoms of diarrhoea have abated. Such cases are then known as carriers. It has also been proved in the laboratory that the infective bacteria pass through toilet paper; thus pull chains and door handles of closets are easily contaminated. Therefore, the first line of defence is adequate washing facilities, and it is on this score that the hygiene of many of our local schools and public buildings falls short. This does not altogether explain the prevalence of the disease to-day, as these washing facilities have existed for many years, and have, until recently, been accepted as socially adequate. The real reason for the increase in notifications is likely to be that the disease has changed its character over the years, even as the severity of Scarlet Fever has changed. Dysentery has become a disease of contact rather than a food-borne infection; there is a shift of prevalence from Rural to Urban areas; the cases occur mostly in Primary Schools where they formerly occurred in closed communities.

### Notifications of Dysentery, England and Wales

1937	1952	1953	1954	1955	1956
4,119	15,665	19,540	33,976	41,414	53,006

(Approximately 95% of the notified cases of bacillary dysentery are due to Sonne bacillus).

The "Old Park" outbreak of Dysentery was caused by the Flexner bacillus; there were nine clinical cases. The disease was likely to have been started by a carrier who had previously lived in Roundway Hospital where cases occur from time to time. The dangers of such an outbreak should not be under-estimated as the disease could have occurred in the Town population, there being no cross immunity between the Flexner and Sonne bacillus. In fact the scene was set for such an event as one of the clinical cases was a member of the staff with a child at a local school. Fortunately, the character of the disease was recognised by the home doctor, and measures for its control were speedily put into force. To prevent further trouble, recommendations have been made to the Roundway Hospital Management Committee for improving the conduct and sanitary equipment of the Home, and I am pleased to say that these will be implemented.

### **Whooping Cough**

Although only one notification of this disease was received, cases occurred sporadically especially during the latter half of the year. This continues to be the scourge of the young child, and so infectious is the cough that two-thirds of susceptible children are attacked before they even enter school. The disease carries a small mortality especially for children under two years of age.

Yet with foresight much of this suffering is quite unnecessary. Whooping Cough vaccine has always been available under the National Health Service, but in early days fell into disrepute because the potency of the vaccine was so variable. Of recent years a better vaccine has been manufactured, and from the beginning of 1956 the Wiltshire County Council has offered this, combined with Diphtheria prophylactic, free of charge at all Child Welfare Clinics and at Immunising sessions. Family doctors also have supplies. The vaccine is about 80% effective in preventing the disease, and in the remaining 20% of cases will render an attack less severe.

### **Tuberculosis**

Four new pulmonary cases were diagnosed during the year. Vaccination against Tuberculosis is practised in many areas as a routine measure and is offered subject to parental consent to 13-year-old school children who have not had the disease. It is hoped that such routine protection will shortly be made available here.

### **Poliomyelitis**

No cases of this disease occurred. Certain age groups of children were vaccinated against the infection.

There are two main criteria for the success of a new vaccine, the first is that it should be safe, and the second that it should be effective. In my opinion, the present "Salk" type poliomyelitis vaccine is undoubtedly safe but its efficiency has yet to be con-

clusively proved, and the number and time spacing of injections is only likely to be standardised in the light of experience. No complaints were received in this area about reactions from the vaccine, and indeed it is my opinion that there is even less local reaction at the injection site than in the case of the more familiar diphtheria injection.

### Brucellosis

My attention was directed by the Consulting Paediatrician to a case of this disease, the condition being not ordinarily notifiable. The *Brucella abortus* bacteria causing the infection are usually conveyed to the patient in infected milk, as the same bacteria cause contagious abortion in cattle. Such infections in the human body are insidious affairs characterised by irregular fever, headache, and weakness lasting months or years in an intermittent fashion.

The source of infection in this case was proved to be the milk supply, and arrangements were made to pasteurise the milk before it was sold for consumption. The dairyman and farmer concerned were most co-operative in this matter, and the County Veterinary Officer was informed.

## HOUSING AND REDEVELOPMENT

		Number of houses completed during									
By		1947	1948	1949	1950	1951	1952	1953	1954	1955	1956
Borough Council	For Letting	12	58	27	48	34	54	51	43	5	3
	For Sale								25	15	10
By Private Enterprise		13	10	10	8	6	8	18	10	23	17

### Progress of Post-war Schemes at 31st December, 1956

Houses, Bungalows and Flats completed for letting	.....	350
Houses, Bungalows and Flats completed for sale	.....	50
Under construction (for letting)	.....	28
Temporary Aluminium Bungalows	.....	20

### Slums

During the year the problem of whether to continue building houses for letting in the face of rising costs of labour, materials and loan interest was debated by the Council. I was very pleased when it was decided that house building for slum clearance should continue. The housing problem of a town is not static, new houses are built and old ones fall into decay: the process is continuous. We have more than our share of old property in Devizes and it is safe to assume that our rate of decay is higher than average. We cannot stop replacing these houses with new ones except at the peril of increasing overcrowding and driving our young people from the town.

When visiting slum property I am particularly impressed at the lengths to which tenants will go to make their houses habitable, and much money is spent on this thankless task. New furniture stands on worm-eaten boards, tide marks of rising damp show through clean wallpaper, roofs leak upon freshly-papered ceilings and dry rot attacks boarded walls covered in the first place to hide the damp. Bad houses are not occupied by bad tenants and most of our families living in slums are worthy of better accommodation.

### **Rents and Grants**

In my opinion the struggle to keep rents as low as possible has a very grave medico-social aspect, and low rents are vital for family health. It has been shown in pre-war years, that the rehousing of families into modern houses with ample space, damp-proof course, internal water supply and bathrooms is not good enough; rents must also be within the family's means. In one area it was demonstrated that the Tuberculosis rate rose among families rehoused from slum property, as insufficient money was spent on food so that rents could be paid.

To offset building costs and hence lower rents, the Ministry of Housing and Local Government encourage house building to clear slums by giving a grant of £22 1s. 0d. annually over a 60 year period for each new house erected for this purpose. The Ministry also gives a grant of £10 0s. 0d. annually for 60 years for each one bedroomed house or bungalow built for general needs. There is, however, no grant for building three-bedroomed houses for families who do not happen to be living in slum property and this will cause genuine hardship in many cases. Particularly, I call to mind overcrowded houses where young families are still living with their in-laws never having had a home of their own.

### **Planning**

Towards the close of the year it was decided to erect three- and four-storey flats of unit construction on the site of the Sheep Street Redevelopment Area. This will provide homes for 68 families. The Council took this decision because they were advised that to build flats and to build them of unit construction was the cheapest and fastest way of providing well appointed homes with the lowest rents.

In November a public inquiry was held into the proposed extension of the Roundway Hospital Sewage Disposal Works which are at present giving an unsatisfactory effluent. This is due to the present plant being overloaded. It was explained at the inquiry that an extension was urgently required so that houses may be built in the Brickley Lane area for slum clearance purposes.

Great efforts were made during the year to increase the amount of building land available for the erection of Council Houses. Negotiations were started for Hartmoor House which it is hoped to convert into flats and about 10 new houses can be built in the

grounds. Negotiations were also started for the frontage on the northern side of Brickley Lane and a Compulsory Purchase Order was made for land at Caen Hill. The advisability of developing the Rotherstone Allotments was debated and consideration was given to buying land at Drake's Farm for allotment purposes.

Site	Acres	Possible number of 3 bedroomed houses which could be built
Hartmoor House Grounds .....	1.14	10
Brickley Lane North Frontage	4.00	28
Land at Caen Hill .....	8.62	90
Rotherstone Allotments .....	9.13	90

The possibility of redeveloping the sites of demolished slum property was also considered, and in order to survey in detail houses unfit for habitation the Council decided to appoint an additional Public Health Inspector. Unfortunately no suitable applicant applied for the appointment. Despite this, survey commenced in the Avon Terrace area and it is likely that properties suitable to be included in Clearance Areas will be brought to the notice of the Council in 1957.

### **The Housing of Old People**

The planning of new housing for old persons is a most pressing need. As the average age of the population gradually increases, old couples are frequently found living in three and four bedroomed houses. The housework involved in keeping these properties in order is often beyond them, and the gardens are at times too large for them to tend. They are not always keen to leave these homes which they have known well for forty years or more, but it is my experience that once they can see new bungalows being built and can inspect them from within they are apt to change their minds. As the larger properties would then be available for families to re-occupy, such transfers would go a long way to solving our housing problem.

After slum clearance schemes, redevelopment presents golden opportunities to consider this aspect of planning, as old persons do not wish to live far out of town and are frequently tenants of the properties condemned. Subsidies are available for building one bedroomed houses which in themselves cost less to build. Such planning would keep rents low.

# The Public Health Inspector's Report, 1956

Public Health Department,  
The Chequers,  
DEVIZES.

To the Mayor, Aldermen and Councillors of the  
Borough of Devizes.

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1956.

171 complaints were received by this Department; 52 were statutory nuisances and 31 were applications for better living accommodation and the remainder were of a miscellaneous character.

## Housing

After a Ministry of Health and Housing Enquiry, and a detailed house-to-house inspection by the Minister's Inspector, the Sheep Street Redevelopment Area (Compulsory Purchase Order) was finally confirmed without variation in the number of fit or unfit houses as originally submitted by this Department.

Preliminaries completed, the Council are now most anxious to commence the work of clearance and the provision of modern dwellings as quickly as possible. Meanwhile, some of the occupiers in this area are somewhat impatient and continue to press for better living accommodation or for repairs to be done.

Housing remains a cause for concern and whilst there is steady progress in dealing with a few of the isolated unfit dwellings, apart from the Sheep Street Area, the bulk of the problem remains to be vigorously tackled.

A policy of uniting rehousing with action under the Housing Acts or Public Health Acts to secure improvement, demolition or closure pending demolition of unfit houses, is a matter for consideration in individual circumstances.

Complaints made to this Department, including those passed on from the Housing Officer, with regard to unsatisfactory living conditions are investigated and points are duly awarded for sub-standard accommodation. Points on medical grounds are allotted by the Medical Officer of Health.

The Council have rehoused twenty-seven families from sub-standard accommodation during the year.

## Housing General

Five individual unfit houses were demolished and five were closed after the families had been rehoused.

Property repairs were carried out by forty-one owners to remedy structural defects after informal action.

### **Housing Acts, 1949-1952 — Improvement Grants**

More owners made enquiries and applied to the Council for Improvement Grants than last year. Details are as follows:---

Enquiries received	.....	.....	.....	.....	.....	10
Formal applications received and approved	.....	.....	.....	.....	.....	—
Proposals unacceptable	.....	.....	.....	.....	.....	2
Enquiries not proceeded with	.....	.....	.....	.....	.....	4
Proposals outstanding at the end of the year	.....	.....	.....	.....	.....	3
Grants paid	.....	.....	.....	.....	.....	1

### **Disrepair Certificates**

Only one disrepair certificate was applied for, issued and withdrawn after compliance with statutory notices.

### **Cockroach Infestation**

Investigations and insecticide treatments were carried out at four premises seriously infested with cockroaches: i.e., works canteen, public building, grocery store and a dwelling house.

### **Sewer Air Complaints**

Complaints were received and dealt with concerning the escape of sewer air from defective drains at three properties.

### **Ditches**

Negotiations are in progress to abate a recurring nuisance arising from the discharge of untreated sewage from a cesspool at a large County Council building to an open ditch at Dunkirk where regular periodical bulk emptying has proved a failure.

### **Canal Pollution**

Several of the owners written to during the latter part of 1955 responded to informal requests to divert their foul water drainage from the Canal to the borough sewer. One owner contested by Court action a statutory notice and failed to satisfy the Magistrate of his grounds for objection "that the works required by the notice were unnecessary." There are two outstanding notices which are being held in abeyance because the owners have submitted schemes for tenders with the idea of applying for grant aid under the Housing Acts.

As complaints about the smell arising from the water of the Canal in the London Road area still persisted it was decided in July to submit samples of the water for chemical analysis. The Pathologists reported that in their view the analyses did not give any direct indication of sewage, piggery drainage or sink waste water as was previously thought to be the cause. The interpretation of the results of the tests was rendered more difficult by the large amounts of algae and other forms of live and dead organic matter even in the strained water, but the fact that chloride and nitrate were so low indicated that no significant amount of sewage or piggery drainage was present in the water. The bad condition was largely due to decay of vegetation including the red and green

algae which evidently multiplied in enormous numbers and then died and decomposed.

It will be evinced from this report that when all foul waters from properties have been taken away from the Canal, unpleasant smells will still arise during long spells of warm, dry weather from the almost static water polluted by decomposing vegetation.

### **Food**

The number of food premises in the Borough is 116 and is comprised of the following:—

5 bakehouses, 23 grocers, 1 grocery/greengrocery, 6 greengrocery, 2 greengrocery/sweets, 1 wet fish, 1 greengrocery/wet fish, 1 butcher/wet fish/poultry, 6 butchers, 4 fried fish, 2 mobile fried fish vans, 2 bacon shops, 4 dairies, 2 pie shops, 7 sweet shops, 4 sweet/newsagents, 4 confectioners, 1 restaurant, 4 cafes, 1 milk bar and 4 staff canteens; 1 wholesale grocers, 1 wholesale sweets, 29 licensed premises — 11 licensed premises do catering.

Food premises registered under the Food and Drugs Act, 1938, and the Milk and Dairies Regulations, 1949-1954:—4 fried fish, 13 prepared meat premises, 4 dairies and 36 for sale of ice-cream, (2 manufacture and 34 sell pre-packed ice-cream).

It has not been possible to deal with all the food traders in the town to see that the premises are brought fully into line with the Food Hygiene Regulations. Some traders sought the advice of this Department and carried out improvements without official action. In other instances food traders responded to informal procedure, a few rather reluctantly.

Many practical difficulties of a varied nature emerged in the application of these Regulations. This applied mainly to some of the very old buildings with bad internal planning and cramped floor and yard space. One of the most awkward problems is that of trying to arrange for the ovens within bakehouses to be fired from the outside without major reconstruction of the premises or the closing of the business.

In my opinion, there are weak links in the Food Hygiene Regulations, but on the whole they are of great assistance in securing improved conditions and practices in places where food is prepared or sold to the public.

### **Open and Covered Market**

Acting upon the advice of their Health Officials, the Borough Council agreed to bring the covered market hall into line with the Food Hygiene Regulations. To achieve this it was decided to segregate all food traders to a section of the market hall after works of improvement have been completed. This is a major scheme and will involve the installation of new drains, stalls, concrete floor, underdrawing the roof with plaster-board and the provision of

sinks and wash-hand basins with hot and cold water over. It is anticipated that the work will be started at the commencement of the next financial year.

Food traders within the open and covered markets were reminded by circular letter of their responsibilities under the provisions of the Food Hygiene Regulations and periodical visits were made to see that the Regulations were being complied with. Generally speaking, food traders are co-operating reasonably well in observing the provisions of the Regulations, encouraged with an occasional "prod."

Toward the latter part of the year the Medical Officer of Health and myself inspected Food Kitchens in connection with schools. Many items of a structural nature were found to be unsatisfactory and the authority concerned is to be informed accordingly.

### **Educational Activities**

There is no Clean Food Guild in Devizes, nor have there been any organised lectures on Food Hygiene held during the year. Educational Activities are inculcated by advising and fostering friendly relations through personal contact and discussion during visits and inspections of food premises in connection with food hygiene and practices. Consequently notices would only be served on a defaulting trader as a last resort where persuasion failed to achieve the desired results. It is gratifying to record that only one such notice had to be served owing to delay, not opposition.

### **Food Poisoning**

There were no notified cases of Food Poisoning in this area during the year.

### **Ice-cream**

Ice-cream sampling was commenced in October and 17 specimens of all brands were submitted for analysis. The results were as follows:—

10	samples	were	Provisional	Grade	I
4	"	"	"	"	II
1	"	"	"	"	III
2	"	"	"	"	IV

To understand the significance of these figures it is necessary to compare them with recommendations of the Public Health Laboratory Service with regard to Provisional Grading. These are that 50% of a vendor's samples shall fall into grade I, 80% into grade I or II, not more than 20% into grade III, and none into grade IV.

Three dealers are registered for manufacturing ice-cream. One has temporarily suspended operations owing to poor sales. He has found it more economical and serviceable to buy direct from one of the large concerns. Two other dealers produce ice-cream by cold mix and heat treatment methods respectively.

Toward the close of the year the firm producing ice-cream by heat treatment discontinued production due to poor trade and the result of an unsatisfactory sample — grade IV.

### Milk Sampling

120 milk specimens were submitted to the Pathological Department at Salisbury for testing. The standard of cleanliness this year has risen considerably compared with that of last year.

The results were as follows:—

Results of Sampling During :		1955	1956
PASTEURISED MILK			
Tuberculosis bacteria	Absent	2	6
	Present	none	none
Phosphatase (for checking pasteurisation)	Satisfactory	8	11
	Unsatisfactory	none	none
RAW MILK			
Tuberculosis bacteria	Absent	34	27
	Present	1	none
Methylene Blue (keeping quality and cleanliness)	Satisfactory	64	76
	Unsatisfactory	27	1

### Meat Inspection

The Central Wiltshire Bacon Co. Ltd. is the only slaughterhouse in operation in the Borough. Carcasses, organs, etc., were inspected in accordance with the methods recommended by the Ministry of Food — Memo 3/Foods.

The total number of pigs slaughtered ..... 8,914

Number of pigs inspected ..... 7,300

Number of pigs inspected by the Management ..... 1,614

Pig carcasses/organs or parts condemned as unfit for human consumption were as follows:—

#### All Diseases except Tuberculosis

Whole Pigs ..... 17 2,149 lbs.

Plucks ..... 71

Livers ..... 75

Spleen ..... 1

Kidneys ..... 18

Mesenteries ..... 2

Percentage of number inspected affected with disease — 2.5%

#### Tuberculosis

Whole Pigs ..... 4 551 lbs.

Heads ..... 87 1,209 lbs.

Plucks ..... 13

Livers ..... 3

Spleen ..... 5

Kidneys ..... 2

Mesenteries ..... 10

Percentage of number inspected affected with T.B. — 1.7%

## Unsound Foods Condemned and Surrendered

						lbs.	ozs.
55	tins	Meat	.....	.....	.....	158	14
33		Milk	.....	.....	.....	29	10
83		Vegetables	.....	.....	.....	86	10½
68		Fruit	.....	.....	.....	109	12
3		Fish	.....	.....	.....	1	8
5		Soup	.....	.....	.....	3	8½
2		Kit-Kat	.....	.....	.....		
		Cheese	.....	.....	.....	12	—
		Beef	.....	.....	.....	108	—
		Sweets	.....	.....	.....	56	—

Surrendered condemned food is sterilized and used for pig feeding.

### Rodent Control

The Rodent Operator's services on alternate weeks between the Devizes Borough Council and Rural District Council continue to work satisfactorily.

Accounts are dealt with by the Borough Treasurer's Department and records are kept by this Department.

The Borough sewers received two treatments in June and November. Regular systematic search and surveys in conjunction with sewer treatments are keeping the rat population down to a minimum. In addition to thirty complaints received, one hundred and twenty-two infestations were discovered and dealt with during routine surveys.

### Nursteed Tip

Three treatments at four-monthly intervals were carried out.

### Sewage Works

The Breachfield and Bath Road Sewage Works both received three treatments.

### Water Works

Shepherds Shore and Bourton are visited frequently. A major rat infestation occurred at Shepherds Shore and was effectively dealt with.

### Petroleum Acts

Thirty-four licences to store Petroleum were issued and two for the storage of Carbide.

# Factories Acts, 1937 and 1948 — Part 1 of the Act

Premises	No. on Register (3)	Inspec- tions (4)	Written Notices (5)	Occupiers (6)
(i) Factories in which Section 1, 2, 3, 4 and 6 are to be enforced by Local Authorities .....	29	3	3	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	67	5	5	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding Out-workers' Premises) .....	4	—	—	—
Total .....	100	8	8	—

## Cases in which defects were found

Particulars	No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
	Found	Rem- edied	Referred		
			To H.M. Inspector	By H.M. Inspector	
	(3)	(4)	(5)	(6)	(7)
Want of cleanliness (S1)	3	3	—	—	—
Ineffective drainage of floors (S6) .....	1	1	—	—	—
Sanitary Conveniences (S7) .....					
(a) Insufficient .....	2	2	—	—	—
(b) Unsuitable or def. ....	1	1	—	—	—
(c) Not separate for sexes .....	1	1	—	—	—
Total .....	8	8	—	—	—

## SUMMARY OF DUTIES

Nuisance Complaints	.....	.....	.....	.....	.....	52
Nuisances Abated	.....	.....	.....	.....	.....	47
Statutory Notices	.....	.....	.....	.....	.....	22
Interviews with Owners/Buildings/Representatives	.....	.....	.....	.....	.....	143
Miscellaneous Visits	.....	.....	.....	.....	.....	165
Visits re Works in Progress	.....	.....	.....	.....	.....	83
Drains Inspections	.....	.....	.....	.....	.....	2
Smoke Tested	.....	.....	.....	.....	.....	25
Colour Tested	.....	.....	.....	.....	.....	28
Water Tested	.....	.....	.....	.....	.....	8
Housing Inspections	.....	.....	.....	.....	.....	67
Housing Reinspections	.....	.....	.....	.....	.....	44
Visits re Dirty Houses	.....	.....	.....	.....	.....	2
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I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

KENNETH WILDEY,

Public Health Inspector



